DOCUMENT RESUME

ED 324 582 CG 022 838

AUTHOR	D'Andrea, Michael
TITLE	Applied Research and Counseling Practice: A Comprehensive Strategy To Promote the Prevention of Adolescents Pregnancies among Underclass Youth.
PUB DATE	Nov 90
NOTE	23p.
PUB TYPE	Reports - Evaluative/Feasibility (142)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Adolescents; Alcohol Abuse; *At Risk Persons; Black Community; *Community Involvement; *Counseling Services; Crime Prevention; Dropouts; Drug Abuse; Early Parenthood; Parent Attitudes; Poverty; Pregnancy; *Program Effectiveness; *Research and Development; *Theory Practice Relationship; Violence; Youth Problems
IDENTIFIERS	African Americans; Quality of Life Survey

ABSTRACT

It is important to bridge the gap between clinical research and counseling practice. The "I Have a Future" (IHAF) program was designed by professionals affiliated with Meharry Medical College in Nashville, Tennessee to serve inner-city African American youths identified as "high risk" for premature pregnancies, drug/alcohol abuse, crime, and youth unemployment. The goal of the intervention was to assist these teenagers in adapting new ways of thinking and behaving in order to prevent destructive behavior. The Quality of Life Community Needs Assessment Survey (QLS), consisting of 67 questions in survey format, was administered to 500 heads-of-households in public housing areas in Nashville, Tennessee. Of these, 125 adults with one or more youths between the ages of 10-17 years residing in their households participated in the final investigation. Discussion focuses on the value of the QLS as a community research technique in developing a prevention project for underclass youth. Findings are reported regarding the community's view of inner-city youth, misuse of drugs and alcohol, and teenage pregnancies. It is concluded that the primary challenge to the program counselors was to design and implement specific preventive services, based upon the expressed needs and attitudes of the residents, in order to create constructive opportunities to stimulate adolescent development and community empowerment. Followup strategies for the project are briefly discussed. References are included. (TE)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

Applied Research and Counseling Practice:

A Comprehensive Strategy to Promote the Prevention of

Adolescent Pregnancies Among Underclass Youth

ED324582

By

Michael D'Andrea Ed.D.
University of Hawaii at Manoa

Submitted to

ERIC/CAPS
The University of Michigan
Ann Arbor, MI. 48109-1259

Dr. D'Andrea was formerly the Research and Program Coordinator for the "I Have A Future Project". Currently, he is an Assistant Professor with the Department of Counselor Education at the University of Hawaii.

Correspondence regarding this manuscript

may be forwarded to;

Dr. Michael D'Andrea
Dept. of Counselor Education
University of Hawaii at Manoa
Wist Hall Room 222
1776 University Avenue
Honolulu, Hawaii 96822
(808) 956-7904

CG022838

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Michael D'Andrea

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Abstract

This article stresses the importance of bridging the gap between clinical research and counseling practice. While many counselors demonstrate a general lack of interest or enthusiasm in embracing research as a fundamental aspect in their overall professional efforts, it is suggested that empirical studies represent an important foundation from which more effective interventions might be developed. The following research-intervention project is discussed to highlight the utility of incorporating investigative endeavors as a guiding force for counseling programs.

Applied Research And Counseling Practice: A Comprehensive Strategy to Promote the Prevention of Adolescent Pregnancies Among Underclass Youth

Most professional counselors mean well. They are committed to helping others experiencing a myriad of human problems by providing a variety of clinical/educational services designed to promote their clients' stability and coping styles. However, an over emphasis on service delivery and counseling skills tends to diminish other important qualities of the profession. In fact, there are three fundamental components associated with the field of counseling that, when integrated, distinguish counselors from other professionals.

Harmon (1978) describes these components as the "three legs" of the profession that inherently support counseling practice and engender successful interventions. They include;

a. a broad theory base related to psychological functioning and human development
b. a wide range of practical clinical/educative/consultant skills, and
c. competencies to direct, understand and use relevant research findings to guide effective counseling programs and services.

Unfortunately, too many practicing counselors depend upon the effectiveness of their techniques in attempting to stimulate significant and lasting changes with their clients without utilizing a complementary theory base and/or research findings to justify their clinical approach (Aubrey, 1980). In light of this skewed professional orientation, numerous professional associations, including the American Association for Counseling and Development, have emphasized the import of integrating these "three legs" in ways that result in more effective, well-rounded counselors.

In spite of such organizational efforts, little substantial gains have been noted in terms of manifesting a vital synthesis of these characteristics/competencies in counseling practice (Lebow, 1988; Martin & Martin, 1989). On the contrary, when confronted with a client in need of professional assistance, many counselors continue to rely solely on various techniques acquired during their preprofessional training without extending serious attention to the potential implications/contradictions for counseling theory and/or relevant research findings.

While the import of intentionally integrating theoretical frameworks in counseling practice will be reserved for future discussions, the focus of this article is aimed at relating ways in which counselors may better design investigative efforts and apply research findings to guide mental health interventions. The specific program reviewed in this treatise was designed by professionals affiliated with Meharry Medical College in Nashville, Tennessee. It was created to serve inner-city, black youth, identified at "high risk" for premature pregnancies, drug/alcohol abuse, school drop-outs, crime, and violence.

The primary goal of the intervention was to assist teenagers to adapt new ways of thinking and behaving in order to prevent the manifestation of destructive behaviors among youngsters residing in low-income housing areas. A description of this innovative, research-intervention model is presented to encourage counselors to consider the potential benefits reaped by intentionally using investigative efforts as a bridge between programmatic objectives and clinical/educational practice.

The "I Have A Future Program" (IHAF): A Research-Intervention Project To Promote Black, Adolescent Development

As the nation's only historically black, academic health sciences center, Meharry Medical College has a long history of community concern and participation. Its historic contribution has been largely demonstrated in the establishment of a variety of programs to prevent damaging behaviors among inner-city youth and their families. Emerging from this unique heritage has been the establishment of a variety of programs aimed at promoting adolescent development.

In light of this tradition and cognizant of the dilemma teen pregnancies present to youth, their families, and the community at large, the Department of Obstetrics and Gynecology at Meharry Medical College initiated a comprehensive, research-intervention project to address this and other inter-related adolescent problems in targeted, inner-city locations. The project was entitled the "I Have a Future Program" (IHAF) and was made possible, in part, with support from the Carnegie Corporation of New York.

However, prior to deciding what type of services would be most appropriate in accomplishing the explicitly stated programmatic goals, the IHAF administrators counted heavily upon input from the project's research specialists in determining what specific course of action should be taken to meet the needs of those individuals to be served. While the primary objective of this project was to reduce the rate of teenage pregnancies among a group of youth identified "at risk" for premature parenthood, the overall goal was to promote adolescent development among a group of teenagers commonly referred to as "America's underclass".

Teenage Pregnancies and Black Adolescent Development

The crisis of teenage pregnancies has caused increasing concern among educators, health-care providers, politicians, counselors, parents, and youth during the past two decades. Such concern is justified for numerous reasons. Among them is the embarrassment caused by research findings indicating that despite declining birth rates since 1970, the incidence of adolescent pregnancies, abortions, and childbearing in the United States are comparatively higher than any of the other developed countries in the western world (Hayes, 1987).

It is estimated that over one million adolescents get pregnant annually in the United States (Alan Guttmacher Institute, 1981; Hayes, 1987). Of further interest to the thoughtful counselor, are findings from empirical studies indicating that, while several nations in western Europe report higher rates of adolescent sexual behavior, birth rates are notably higher among teenagers in the United States (Craig, 1989).

Beyond these relatively impersonal statistics, there is a host of other devastating, interrelated human problems commonly associated with premature pregnancies and parenthood. These include long term living conditions characterized by substandard housing, poor nutrition and health, chronic unemployment, social isolation, incomplete education, inadequate vocational training, psychological and developmental difficulties, and economic dependency (Anastasiow, 1983; Cobe, 1976; Hayes & Cryer, 1988; Johnson, 1974; Klerman, 1974; Miller & Miller, 1983; Phipps-Yonas, 1980; Washington & Glimps, 1983).

Although youth of all socioeconomic classes and racial/ethnic backgrounds are eligible for a premature pregnancy, studies conclusively suggest that inner-city,

African American teenagers are particularly susceptible (Children's Defense Fund, 1987; Hayes, 1987). As a result, professional counselors are challenged to devise effective and diverse forms of counseling which will stimulate a substantial reduction in this social phenomenon especially among this group of youth. In attempting to successfully meet this challenge, however, several obvious questions emerge. For instance, what types of counseling/educational services should be offered? What will the form, focus, and content of such services look like? How will such a program get started?

Where might counselors begin?

Before initiating any counseling/education service, the IHAF administrators and research team worked collaboratively to identify the needs of community members who would be directly and/or indirectly affected by the proposed intervention. Out of respect for the targeted service communities, it was felt that extensive research efforts would be exceedingly helpful in terms of providing IHAF counselors with explicit "blueprints" and "guidelines" for building a new mental health program to promote the development of underclass youth. Consequently, endorsement for specific counseling/education youth services was preceded by an extensive assessment of the needs and attitudes of community residents to be served by the IHAF program.

As a result of this programmatic commitment, the IHAF research team was charged with the task of examining the "psychological pulse" of the targeted neighborhoods. Support for this research effort was based upon the belief that a carefully planned empirical investigation would significantly add to the potential effectiveness of the project by promoting a clearer understanding of the;

a. nature of the community

b. appropriateness of the project's goals and objectives given the reported needs/attitudes of the population, and

c. types of counseling services that would "best fit" the community and simultaneously enhance the purview of the intervention.

From this charge, a practicing clinical counselor with experience in community evaluation methodology was appointed coordinator of IHAF research activities. The advantage of this appointment was noted in the utilization of a professional who was inclined to purposefully design an investigative strategy that would generate relevant and practical findings for counseling/educational practice. The immediate responsibilities of this position included the development of a community needs assessment survey, administration of the instrument to residents in the areas targeted by the proposed intervention, a careful analysis of the data generated, and a listing of specific recommendations for program development. What resulted was the creation of a instrument entitled the "Quality of Life Community Needs Assessment Survey" (QLS).

The following discussion reviews the results of these endeavors with particular attention directed to the benefits derived in planning a comprehensive, community-based, counseling program to promote the development of a large group of inner-city, black youth. In examining a description of these efforts, counselors are particularly encouraged to assess the potential utility of bridging the gap between research and clinical practice.

The Quality of Life Community Needs Assessment Survey (QLS)

The Quality of Life Community Needs Assessment Survey (QLS) is an instrument designed by a variety of health-care

professionals affiliated with the "I Have A Future Program" (IHAF) at Meharry Medical College in Nashville, Tennessee (D'Andrea, Foster, & Arthur, 1987). The purpose of the survey was to provide a systematic means of gathering information from "heads-of-households" in four targeted, low income, inner-city residential neighborhoods to be served by IHAF.

The QLS was developed with particular sensitivity to the survey sample group (low income, black, heads-of-households). In designing the QLS, the research coordinator solicited input from a variety of health-care/education professionals at Meharry Medical College associated with the;

a. Department of Obstetrics and Gynecology
b. Department of Preventive Medicine
c. Department of Psychiatry
d. Department of Internal Medicine
e. Meharry Sickle Cell Center
f. Meharry Nutritional Center
g. Meharry Community Mental Health Center.

The QLS is comprised of 67 questions in survey format with a capacity for 138 response indices. A pilot study was conducted from June 2, 1987 through June 15, 1987 involving forty (40) randomly selected subjects identified as "heads-of-households" residing in the targeted sites. Ten (10) subjects were selected from each of four target areas to participate in the pilot study. A mean time of 25 minutes was calculated to administer the survey to subjects participating in the pilot investigation. As in the larger study, each participant was provided a ten dollar ($10.00) stipend for their voluntary participation.

Feedback from the pilot subjects provided the IHAF research team with valuable insights regarding their impressions of the overall construction of the instrument, faulty wording of items, and other reactions to the type of

information sought by the researchers. Many of these reactions were incorporated into the final design of the QLS.

Method

Five hundred (500) QLS surveys were randomly administered to heads-of-households in public housing areas in Nashville, Tennessee. One hundred twenty five (125) adults residing in each of these selected areas participated in the final investigation. Specific criteria established for participation in the research required that the subjects acknowledged being the primary provider of the household in which a youth between the ages of 10-17 years was currently residing.

All of the surveys were administered between June 19, 1987 and October 27, 1987 by personnel trained in community needs assessment interview techniques. The interviews were conducted in the homes of the subjects participating in the study. The scoring of the participants' responses was recorded by the trained interviewers on separate scoring sheets.

Results: Utilizing Research Findings to Guide Counseling Strategies

An administration of the QLS is considered a powerful, community research technique in developing a pregnancy prevention project for underclass youth. It reflects the value IHAF program planners placed on gaining increased understanding of the prevailing attitudes of youth-related problems as perceived by the inner-city's natural support agents---the youth's primary caregivers (i.e. parents and other persons identified as "heads-of-households"). Exploring the thoughts and feelings of these important human resources through the use of a structured research technique is viewed

as an effective way to enhance the potential for successful counseling programming in two critical ways.

First, the manner in which the research was conducted reflected a genuine sense of respect for the subjects' opinions of youth-related problems as well as explicitly encouraging support for future adolescent services in their neighborhoods. The process of gathering information on a variety of community issues and concerns helped to validate many of the participants' own perceptions of youth as well as stimulating hopeful considerations for future changes. In this regard, the researchers reported that many of the adult participants continued to engage them in lengthy discussions after the survey was administered. Such discussions frequently involved an expression of the adults' concerns of various problems their own youngsters were experiencing including teen pregnancies, drug/alcohol abuse, crime, violence, school related difficulties, and unemployment.

Second, the data generated from this study provided the IHAF program planners with an expansive information base in guiding administrative decisions regarding the allocation of limited resources and the provision of specific health/educational/counseling services. With these empirically-based "blueprints" in hand, the program planners felt better prepared to design and support specific counseling services tailored to meet the stated needs of the community and, thus, more effectively accommodate collective interests. An SPSS-X computer program was employed to generate an analysis of the recorded responses to the QLS surveys.

Substantial and detailed information resulted from an in-depth statistical analysis of the QLS interviews (D'Andrea, Foster, & Arthur, 1987). What follows is a summary of some of the results considered most helpful in guiding the establishment of a variety of counseling services to assist

underclass youth develop healthier lifestyles in spite of overwhelming odds against them.

The Community's Views of Inner-city Youth: Their Problems, Resources, and Potential Solutions

In order to get a picture of the type of difficulties adolescents were thought to confront as perceived by adults residing in inner-city neighborhoods, the interviewers asked the subjects to identify the "most serious problems youth face". While their answers reflected a broad range of problems, several specific areas of concern dominated the sample's response pattern. The four areas of most concern are reported below according to the greatest percentage of responses obtained during the interviews. They include;

a. the misuse of drugs and alcohol (92%)
b. teen pregnancies (76%)
c. crime (48%) and
d. youth unemployment (44%).

The top two concerns expressed by the participants in this study are explored in greater detail with particular attention to their implications for counseling practice and program development.

Misuse of Drugs and Alcohol

Following the sentiment of adults across the United States, the crisis of drug and alcohol consumption was identified as the leading concern among the adults interviewed. What was of particular concern among those interviewed, however, was the commonly expressed perception that while drug/alcohol misuse represented a major youth problem, ninety percent (90%) of the respondents agreed that not enough was being done in their communities "to prevent teenagers from getting into drugs".

When specifically asked if they knew of any drug prevention counseling services available in their community, only 7% said they did. In sharp contrast, 443 subjects (89% of the sample) expressed the desire for such services as the first choice among an extensive list of potential counseling interventions they would like to see introduced in their neighborhoods.

Teen Pregnancies

The perception of the magnitude of this problem was clearly highlighted by the participants in this study. Although teen pregnancy was rated second only to the plague of adolescent drug/alcohol abuse as the most serious problem confronting youth in their communities, ninety-three percent (93%) of those surveyed agreed with the statement that "too many teenagers are getting pregnant in this neighborhood".

Close scrutiny of the responses to other survey questions related to adolescent pregnancies revealed a tremendous gap between the perception of this problem and an awareness of available counseling services to help rectify it. Specifically, it was noted that an overwhelming number of the respondents (86%) indicated they did not know of any programs available to discourage teenagers from getting pregnant in their communities.

Although the availability of pregnancy prevention counseling services was clearly wanting in the opinion of a majority of the residents interviewed, there was surprisingly little disagreement as to the type of services they would like to see introduced to assist their children avoid this unwanted experience. For example, greatest agreement (99% of the sample) was found in the statement that services designed to help prevent teenagers from getting pregnant should "provide information about birth control".

Also, the suggestion that an adolescent program should "make it easier for teenagers to get birth control pills and other forms of contraception, like rubbers" was widely endorsed (91%) by those participating in the study. The large number of persons supporting such educational/counseling services was somewhat surprising given the current level of controversy surrounding the issue of sex education in the schools and national debate over adolescents' right for accessible, affordable, and confidential contraceptive counseling services.

In the past, counselors have recommended numerous strategies to help reduce the incidence of teenage pregnancies. These include the provision of direct (i.e. health-care services, tutoring, individual/small group counseling, job training/placement, etc.) and indirect youth services (i.e. consultation with school officials, advocacy among governmental and human service agencies serving youth, parent education groups, etc.) (Lewis & Lewis, 1983). In spite of these well founded recommendations, the results of the QLS indicate that the residents in the canvassed areas had their own preferences for dealing with the adolescent pregnancy crisis.

In responding to the survey question, "In your opinion, what are the best ways to keep teenagers from getting pregnant?", the heads-of-households expressed general agreement on specific types of strategies they would like to see implemented. The most notable areas of agreement are listed below;

a. have more sex education in the home (70%)
b. increase the availability of sex education in the schools (68%)
c. increase teenagers accessibility for contraception like birth control pills and condoms (47%)
d. improve teenagers employment skills (42%)

e. assist teenagers to experience greater academic success (39%)
f. have more sex education in the churches (23%).

A further analysis of the data obtained from the QLS interviews provided the IHAF administrators with a succinct priority list of the specific types of services the heads-of-households polled would like to see introduced into their communities. An arrangement of the ten (10) types of services most commonly identified as desirable by the adults are listed in Figure 1.

---Insert Figure 1 Here---

Bridging the Gap Between Research and Counseling Practice

The type of information generated from an administration of the QLS provided program planners with an expansive data base to guide decisions regarding the initiation of specific counseling/educational services in targeted areas primarily populated by underclass families. As the researchers reviewed the findings and were pressed to draw conclusions regarding the relevance of their efforts for the program's counselors, they were struck by the ironic paradox that this was both "the worst of times" and "the best of times" for planning an adolescent development project among these inner-city youth.

The detailed concerns expressed by the subjects participating in this study confirmed the notion that for many young people living in these low-income housing areas it, indeed, was the "worst of times". The multifaceted and inter-related nature of such youth problems as drug/alcohol abuse, teen pregnancies, adolescent crime and violence, poor opportunities for employment, and fundamental barriers interfering with academic success were identified as major areas of concern by the adults interviewed.

Complicating matters even more was the expressed opinion that little local, state, or federal support was being directed towards these neighborhoods in terms of providing constructive assistance for relief. In particular, the results of this investigation indicated that a tremendous void existed in terms of the availability of effective health, education, counseling, and job readiness/placement services for adolescents and their families in spite of their apparent need. Consequently, the general portrait painted by the participants in this study suggested that a major social crisis exists in these neighborhoods which genuinely threatens the future livelihood of their youth and communities (D'Andrea, Foster, & Arthur, 1987).

However, in their recommendations, the IHAF researchers were quick to suggest that the flip side of "crisis" is "opportunity". In this vain, it was concluded that the primary challenge to the program counselors was to design and implement specific preventive services, based upon the expressed needs and attitudes of the residents, in order to create constructive opportunities to stimulate adolescent development and community empowerment. By listening to the "voices of the community" (D'Andrea, 1989) regarding the perceptions of youth problems and the lack of services currently available in targeted communities, nurtured a sense that it was the "best of times" to solicit support for a comprehensive, adolescent development program in these low-income neighborhoods.

Follow-up Research Strategies

The next phase of the IHAF research project involves a comprehensive, psychosocial, behavioral, and health assessment involving approximately 1,100 youth between the ages of 10-17 years residing in the same targeted areas in which the QLS study was conducted. Included in this assessment project will be the administration of the IHAF

Youth Survey (D'Andrea, Foster, & Arthur, 1987). This 17 item questionnaire is derived from questions presented in the QLS.

The researchers plan to use the information obtained from this large youth sample group to conduct an intergenerational study of the perceived concerns and needs of youth in comparison to the adult responses to similar survey items. This unique cross examination of youth and adult views has been designed to serve a two-fold purpose.

First, it is anticipated that the information garnered from this complementary investigation will provide IHAF counselors with additional "food for thought" to assist future efforts to stimulate the development and empowerment of underclass youth. Second, it is hoped that the results of this intergenerational investigation will add to the existing knowledge-base in related fields (i.e. adolescent, community, counseling psychology) and, thus, be available to other mental health professionals interested in providing similar programs/services to underserved American youth.

Conclusions

Much has been written about the self-defeating divorce that exists between clinical research and counseling practice (Goldman, 1978; Lebow, 1988; Martin & Martin, 1989). Such a schism is not only viewed as professionally "unnatural" but, more importantly, as representing a major impediment to an efficacious evolution of the field of counseling.

This article has attempted to dramatize the potency of a carefully planned investigative effort in assisting counselors and program planners to ascertain appropriate and effective intervention strategies to be implemented among inner-city black youth. The benefits of utilizing specific empirically-based recommendations in developing a comprehensive,

counseling program for underclass youth has been presented to encourage greater interest and commitment among professional counselors to intentionally link clinical research with counseling practice in the future. Should this article result in an increased commitment among counselors to strive towards a more frequent wedding of research and clinical practice, it has served its intended purpose.

Figure 1
Summary of the Types of Services Most Preferred by Community Residents

Type of Services	Number of persons in the sample interested in the service (N=497)	Percent of sample
1. Drug Prevention Services	443	89%
2. After-school Tutoring	441	88%
3. Sex Education	432	86%
4. Job Training	431	86%
5. Crime Prevention	421	84%
6.Sports Programs	388	78%
7. Individual Counseling	386	77%
8. Self-Defense Classes	376	75%
9. (tie) Group Counseling	362	72%
9. (tie) Cooking Classes	361	72%
9. (tie) Sewing/Fashion design classes	359	72%
10. Auto Mechanics classes	339	68%

References

Alan Guttmacher Institute. (1981). Teenage pregnancy: The problem that hasn't gone away. New York: Author.

Anastasiow, N.J. (1983). Adolescent pregnancy and special education. Exceptional Child, 2, 396-401.

Aubrey, R. (1980). Technology of counseling and the science of behavior: A rapprochement. Personnel and Guidance Journal, 59, 318-327.

Children's Defence Fund. (1987). The health of America's children: Maternal and child health data book. Washington, D.C.

Cobe, P. (1976). Parenting as a teenager. Forecast for Home Economics, 2, 54-55, 70-71.

Craig, G. (1989). Human development. Englewood Cliffs, N.J.: Prentice Hall.

D'Andrea, M. (In Review). Listening to the voices of the community: Using a survey approach to build a teenage pregnancy program among the underclass. American Psychologist.

D'Andrea, M., Foster, H., & Arthur, C. (1987). Final report on the quality of life community needs assessment. Meharry Medical College. Nashville, Tn.

D'Andrea, M., Foster, H., & Arthur, C. (1987). The quality of life community needs assessment survey. Unpublished manuscript. Meharry Medical College. Nashville, Tn.

D'Andrea, M., Foster, H., & Arthur, C. (1987). IHAF youth survey. Unpublished manuscript. Meharry Medical College. Nashville, Tn.

Harmon, L.W. (1978). The counselor as consumer of research. In L. Goldman (Ed.), Research methods for counselors: Practical approaches in field settings, (pp. 29-78).

Hayes, C.D. (1987). Risking the future: Adolescent sexuality, pregnancy, and child bearing. Washington, D.C.: National Academy Press.

Hayes, R.L. & Cryer,N. (1988). When adolescents give birth to children: A developmental approach to the issue of teen pregnancy. In J. Carlson & J. Lewis (Eds.), Counseling the adolescent: Individual, family, and school interventions, (pp. 21-39). Denver, Co.: Love.

Johnson, C.L. (1974). Adolescent pregnancy: Intervention into the poverty cycle. Adolescence, 9, 391-403.

Klerman, L.V. (1974). Adolescent pregnancy: The need for new policies and new programs. Journal of School Health, 45, 263-267.

Lebow, J. (1988). Research into practice/practice into research. Journal of Family Psychology, 1, 337-351.

Lewis, J., and Lewis, M. (1983). Community counseling. New York: Wiley.

Martin, D., & Martin, M. (1989). Bridging the gap between research and practice. Journal of Counseling and Development, 67, 491-492.

Miller, E.K., and Miller, K.A. (1983). Personnel and Guidance Journal, 9, 15-20.

Phipps-Yonas, S. (1980). Teenage pregnancy and motherhood: A review of the literature. American Journal of Orthopsychiatry, 50, 403-431.

Washington, V., & Glimps, B. (1983). Developmental issues for adolescent parents and their children. Educational Horizons, 61, 195-199.